

MS. JULIE DELGADO
DOMESTIC VIOLENCE CENTER
P. O. BOX 5466
CLEVELAND, OH 44101

DEAR JULIE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED JUNE 30, 2008 FOR:

DOMESTIC VIOLENCE CENTER AS FOLLOWS...

2007 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2007 8879 - IRS E-FILE SIGNATURE AUTHORIZATION
2007 OHIO VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

A COPY OF FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A
THREE YEAR PERIOD BEGINNING WITH THE DATE THE RETURN IS FILED. THE
AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES
AS FILED WITH THE IRS, EXCEPT THAT THE NAMES AND ADDRESSES OF THE
CONTRIBUTORS MAY BE EXCLUDED. WE HAVE ENCLOSED A PUBLIC INSPECTION
COPY OF YOUR ORGANIZATION'S RETURN WHICH CAN BE UTILIZED FOR PUBLIC
INSPECTION REQUESTS.

VERY TRULY YOURS,

STANLEY J. OLEJARSKI
PRINCIPAL

INSTRUCTIONS FOR FILING
DOMESTIC VIOLENCE CENTER
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2008

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

HOWARD, WERSHBALE & CO.
23240 CHAGRIN BLVD.
CLEVELAND OH 44122-5450

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN, PLEASE
DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE.
DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY
TRANSMIT YOUR RETURN WHICH IS DUE ON FEBRUARY 16, 2009. WE
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶ 3412242007123497146P

Name of exempt organization DOMESTIC VIOLENCE CENTER	Employer identification number 34-1278377
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Name and title of officer
SCOTT MORGAN, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b 2,181,140.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HOWARD, WERSHBALE & CO. to enter my PIN 23240 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3 4 1 2 2 4 2 3 2 4 0
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2007)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: DOMESTIC VIOLENCE CENTER. D Employer identification number: 34-1278377. E Telephone number: (216) 651-8484. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.DOMESTICVIOLENCECENTER.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. I Group Exemption Number. M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,200,369.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a, 22b, 23, 24, 25a, 25b, 25c, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 6</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	941,528.
b <u>COMMUNITY SERVICES - INCLUDES JUSTICE SYSTEM ADVOCACY, PEER SUPPORT GROUPS, LATINA OUTREACH, SUPERVISED VISITATION, COUNSELING, AND COMMUNITY EDUCATION PROGRAMS.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	921,002.
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	1,862,530.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	800.	45	1,600.
	46 Savings and temporary cash investments	45,993.	46	13,735.
	47a Accounts receivable	47a 58,567.		
	b Less: allowance for doubtful accounts	47b	85,273.	47c 58,567.
	48a Pledges receivable	48a 3,950.		
	b Less: allowance for doubtful accounts	48b	3,950.	48c 3,950.
	49 Grants receivable	187,484.	49	209,669.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	500.	53	500.
	54a Investments - publicly-traded securities <input type="checkbox"/> STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	190,083.	54a	178,106.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 1,525,007.			
b Less: accumulated depreciation (attach schedule)	57b 354,178.	1,218,067.	57c 1,170,829.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8)	1,000.	58	1,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,733,150.	59	1,637,956.	
Liabilities	60 Accounts payable and accrued expenses	155,985.	60	129,100.
	61 Grants payable		61	
	62 Deferred revenue	6,960.	62	12,090.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <input type="checkbox"/> STMT 9	291,713.	64b	250,574.
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)		65	23,389.
66 Total liabilities. Add lines 60 through 65	454,658.	66	415,153.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,204,219.	67	1,072,089.
	68 Temporarily restricted	62,968.	68	139,409.
	69 Permanently restricted	11,305.	69	11,305.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,278,492.	73	1,222,803.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,733,150.	74	1,637,956.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (22), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes questions 82a through 91a and 91b, with 'Yes' and 'No' columns. Contains handwritten entries such as '206,027', 'N/A', and 'OH'.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
91c Yes No X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00069074
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	HOWARD, WERSHBALE & CO. 23240 CHAGRIN BLVD. CLEVELAND, OH 44122-5450		EIN <input type="checkbox"/> 34-1663157 Phone no. <input type="checkbox"/> 216-831-1200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

DOMESTIC VIOLENCE CENTER

Employer identification number

34-1278377

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17				
Total number of other employees paid over \$50,000 . . ▶	NONE			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 18		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 19		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-e. Other acts; 3a-d. Grants and services; 4a-c. Donor advised funds; 4d-g. Assets held in funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, and Grassroots nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

DOMESTIC VIOLENCE CENTER

Employer identification number

34-1278377

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization DOMESTIC VIOLENCE CENTER

Employer identification number

34-1278377

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF MARGARET ELIZABETH HADLEY 105 COURT STREET #300 ELYRIA, OH 44035	\$ 59,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
LUNCHEON	75,964.	19,229.	56,735.
MISCELLANEOUS FUNDRAISING	15,434.	-----	15,434.
TOTALS	91,398. =====	19,229. =====	72,169. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	18,174.
TOTAL	----- 18,174. =====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

=====

DESCRIPTION

PROGRAM
SERVICES

FOOD, SHELTER, CLOTHING AND CASH ASSISTANCE TO

INDIGENT PEOPLE IN NEED

34,133.

TOTALS

34,133.

=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
FOOD AND HOUSE SUPPLIES	34,652.	34,652.		
INSURANCE	22,448.	17,534.	3,533.	1,381.
DUES AND SUBSCRIPTIONS	11,014.	4,011.	6,431.	572.
BANK AND SERVICE FEES	7,177.	5,188.	1,622.	367.
OFFICE EXPENSE	5,077.	2,826.	1,594.	657.
PAYROLL PROCESSING	3,349.	2,422.	337.	590.
CONSULTING FEE	11,536.	8,503.	1,103.	1,930.
SECURITY SERVICES	56,288.	56,288.		
OTHER PROFESSIONAL FEES	4,340.	4,166.	63.	111.
MISCELLANEOUS	3,597.	316.	3,180.	101.
ADVERTISING	521.	225.	96.	200.
TOTALS	159,999.	136,131.	17,959.	5,909.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

DOMESTIC VIOLENCE CENTER IS A COMPREHENSIVE, COMMUNITY-BASED ORGANIZATION IN GREATER CLEVELAND COMMITTED TO ENDING DOMESTIC VIOLENCE THROUGH SHELTER, EDUCATION, AND SERVICES THAT FOSTER PEACEFUL RELATIONSHIPS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

PROGRAM SERVICE ACCOMPLISHMENT A

SHELTER/SUPPORTIVE SERVICES - PROVIDES SAFE, PROTECTIVE HOUSING IN A CONFIDENTIAL LOCATION FOR UP TO 47 WOMEN AND CHILDREN DAILY. ALSO, PROVIDES A 24 HOUR FAMILY VIOLENCE HOTLINE. PROVIDES LIFE SKILLS, HOUSING ASSISTANCE, ADVOCACY CASE MANAGEMENT, FAMILY DEVELOPMENT AND EMPLOYMENT ASSISTANCE FOR WOMEN AND THEIR CHILDREN AFTER THEY LEAVE THE SHELTER.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
CASH EQUIVALENTS	72.	FMV
MUTUAL FUNDS	178,034.	FMV
TOTALS	----- 178,106. =====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	1,000.
TOTALS	----- 1,000.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
 =====

LENDER: HUNTINGTON NATIONAL BANK LINE OF CREDIT
 ORIGINAL AMOUNT: 75,000.
 INTEREST RATE: 5.500000
 DATE OF NOTE: 04/02/2007
 REPAYMENT TERMS: MONTHLY PAYMENTS OF ACCRUED UNPAID INTEREST
 SECURITY PROVIDED: OPERATING ASSETS OF ORGANIZATION & MORTGAGE

BEGINNING BALANCE DUE	20,000.
ENDING BALANCE DUE	65,000.

LENDER: ENTERPRISE COMMUNITY LOAN FUND, INC.
 ORIGINAL AMOUNT: 420,000.
 INTEREST RATE: 7.000000
 DATE OF NOTE: 10/15/2006
 MATURITY DATE: 10/15/2009
 REPAYMENT TERMS: MONTHLY INTEREST WITH PRINCIPAL DUE AT MATURITY
 SECURITY PROVIDED: MORTGAGE ON PROPERTY
 PURPOSE OF LOAN: EXPANSION AND RENOVATION OF PROPERTY

BEGINNING BALANCE DUE	271,713.
ENDING BALANCE DUE	185,574.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	291,713.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	250,574.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
EQUIPMENT LEASE	23,389.
TOTALS	----- 23,389. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ROBERTA BIRCH P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
STEPHANIE COUHIG P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
ELLEN CHRISMAN P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
CAROLYN ESSWEIN P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
R JEFFREY FAST P. O. BOX 5466 CLEVELAND, OH 44101	VICE PRESIDENT 1.00	NONE	NONE	NONE
POLLY CHIVILES FUREY P. O. BOX 5466 CLEVELAND, OH 44101	PRESIDENT 1.00	NONE	NONE	NONE
DAWN FULLER	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
P. O. BOX 5466 CLEVELAND, OH 44101				
DEAN JENKINS P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
DAVID KANTOR P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
DR ALAN E LONDON MD P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
REV DR B A MOORE P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
SCOTT MORGAN P. O. BOX 5466 CLEVELAND, OH 44101	TREASURER 1.00	NONE	NONE	NONE
LOUIS R WEIGELE P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MARGARET G WEITZEL P. O. BOX 5466 CLEVELAND, OH 44101	SECRETARY 1.00	NONE	NONE	NONE
SANFORD WATSON P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
SUSAN ZIDEK P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
CATHLEEN ALEXANDER P. O. BOX 5466 CLEVELAND, OH 44101	EXECUTIVE DIRECTOR 40.00	80,000.	8,036.	NONE
JULIE DELGADO P. O. BOX 5466 CLEVELAND, OH 44101	CONTROLLER 40.00	61,500.	8,223.	NONE
ALICE BISSETT P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
DIANA CENTENO-GOMEZ P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
TINA DZIK P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
JIM LAWLER P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
JOAN MCFAUL P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
DANIEL PORRAS P. O. BOX 5466 CLEVELAND, OH 44101	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS	----- -----	141,500.	16,259.	NONE
		=====	=====	=====

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
COUNSELING FEES					8,305.
VISITATION CENTER FEES					2,059.
DOMESTIC VIOLENCE TRAINING					47,895.
TOTALS		-----		-----	58,259.
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	ALTERNATIVES TO RELATIONSHIP ABUSE PROGRAM FOR COURT-ORDERED BATTERERS TO BREAK THE CYCLE OF VIOLENCE.
93B	PROVIDES A SAFE, NURTURING ENVIRONMENT WHERE CHILDREN CAN SPEND QUALITY TIME WITH A NON-RESIDENTIAL PARENT WHEN SUPERVISION IS REQUIRED.
93C	TRAINING PROVIDED TO LAW ENFORCEMENT PERSONNEL, BUSINESS AND SOCIAL SERVICES.
103B	MISCELLANEOUS REVENUE EARNED IN THE COURSE OF FURTHERING THE EXEMPT PURPOSES OF THE ORGANIZATION.
103C	MISCELLANEOUS REVENUE EARNED IN THE COURSE OF FURTHERING THE EXEMPT PURPOSES OF THE ORGANIZATION.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
TIMOTHY BOEHNLEIN P. O. BOX 5466 CLEVELAND, OH 44101	DIR. OF COMM. PROJ. 40.00	53,000.	7,632.	NONE
	TOTAL COMPENSATION	----- 53,000. =====	----- 7,632. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
COSE MEDICAL MUTUAL HEALTH PROGRAM P. O. BOX 951922 CLEVELAND, OH 44193	HEALTH INSURANCE	185,195.
TOTAL COMPENSATION		----- 185,195. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
WEST SIDE MINISTRIES INC 2202 PRAME AVENUE CLEVELAND, OH 44109	RENT	110,264.
TOTAL COMPENSATION		----- 110,264. =====

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
MISCELLANEOUS INCOME	7,394.	4,816.	14,943.	11,620.	38,773.
TOTALS	7,394.	4,816.	14,943.	11,620.	38,773.

EIN: 34-1278377
FYE: 06/30/2008

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	5,540.	NONE	5,540.
Land Improvements			
Buildings	1,326,933.	227,447.	1,099,486.
Leasehold Improvements			
Equipment	174,893.	120,673.	54,220.
Furniture & Fixtures	17,641.	6,058.	11,583.
Property, Plant & Equipment	<u>1,525,007.</u>	<u>354,178.</u>	<u>1,170,829.</u>
Construction in Progress		NONE	
Total Fixed Assets, line 57	<u><u>1,525,007.</u></u>	<u><u>354,178.</u></u>	<u><u>1,170,829.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

EIN: 34-1278377
FYE: 06/30/2008

FORM 990, PART II, LINE 42 - DEPRECIATION

<u>Description</u>	<u>Current Depreciation</u>
Land Improvements	
Buildings	66,565.
Leasehold Improvements	
Equipment	13,505.
Furniture & Fixtures	3,549.
Total Depreciation Expense	<u>83,619.</u>
Amortization Expense	
Total Depreciation & Amortization line 42	<u><u>83,619.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.